



**DIVISION OF PLANNING AND PERMITTING
FREDERICK COUNTY, MARYLAND
Department of Permits and Inspections**

30 North Market Street • Frederick, Maryland 21701
Phone: (301) 600-2313 • Email: Permits@FrederickCountyMd.gov

Plumbing Backflow Device Test Report **Permit #** _____

Service (Premise) Name/Address _____ _____ _____ Mailing Address _____ Phone No. _____ _____ _____ _____ Email _____	Device Location: _____ _____ Serial #: _____ <input type="checkbox"/> Check if Correct Manufacturer: _____ <input type="checkbox"/> Corrections Model: _____ <input type="checkbox"/> Type & ASSE #: _____ <input type="checkbox"/> Size: _____ <input type="checkbox"/> Orientation: _____ <input type="checkbox"/> Protection: _____ <input type="checkbox"/> Hazard: _____
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	Existing <input type="checkbox"/> Replaced* <input type="checkbox"/> New <input type="checkbox"/> Removed* <input type="checkbox"/>	Commerical Industrial <input type="checkbox"/>	Residential <input type="checkbox"/>	Domestic Fire <input type="checkbox"/>	Irrigation <input type="checkbox"/>
	Reduced Pressure Principle Assembly Double Check Valve Assembly			Air Gap Required Separation Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Check Valve #1			Check Valve #2	
	Relief Valve		Air Inlet		Check Valve
Initial Test Date: _____ Time: _____	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at ___ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at ___ PSID	Did not open <input type="checkbox"/> Opened at ___ PSID	Did not open <input type="checkbox"/> Opened at ___ PSID	Leaked <input type="checkbox"/> Held at ___ PSID
Repairs Date: _____ Time: _____ <i>*Removal or replacement of device requires a plumbing permit</i>	Cleaned <input type="checkbox"/> Replaced* <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced* <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced* <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphram(s) <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced* <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced* <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
Final Test Date: _____ Time: _____	Closed Tight Held at ___ PSID	Closed Tight Held at ___ PSID	Opened at ___ PSID	Opened at ___ PSID	Held at ___ PSID

<p align="center">Notify DWSU if failed assemblies cannot be repaired in 15 days</p> Comments _____ _____ I certify all information contained in this report is true, accurate, and that incomplete reports will not be accepted and may result in the termination of water service in accordance with the County regulations. Tested by _____ _____ Company Name and Individual's Name (Please Print) Certification # _____ Phone/Email _____ _____ Signature _____ Date _____	Line Pressure at Time of the Test: _____ lbs Pressure drop across first check valve: _____ lbs Attach copy of recalibration of gauges used during testing.
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Return completed Test Report within 10 days to the Department of Permits and Inspections **and** the Division of Water and Sewer Utilities:
 Department of Regulatory Compliance
 4520 Metropolitan Court, Frederick, MD 21704
 Phone: (301) 600-2945 • Email: DWSUCrossConnection@frederickcountymd.gov